

Retail Food Inspection Report

Floyd County Health Department


Telephone (812) 948-4726

Establishment Name SUBWAY #22660 (SERVELL 2 INC)	Telephone Number Est 626-991-1766 Own	Date of Inspection 04/20/2022	ID#
Address 3008 CHARLESTOWN CROSSING, NEW ALBANY IN 4			
Owner MONISH KAPUR	Purpose <u> </u> Routine <u> X </u> Follow-up <u> </u> Complaint <u> </u> Pre-Operational <u> </u> Temporary <u> </u> HACCP <u> </u> Other (list)	Follow Up	Released 04/30/2022
Owner's Address 2993 SEASONS DR GREENWOOD, IN 46143		Menu Type 1 _ 2 <u>X</u> 3 _ 4 _ 5 _	
Person in Charge MONISH KAPUR			
Responsible Person's Email			
Certified Food Handler MOHNISH KAPUR 3YR-NEEDS N			

CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE COLUMN MARKED AS "R"

Section #	C	NC	R	Narrative	To Be Corrected
254		X	X	Observed external thermometer to the walk in cooler to read 55F.	WORK ORDER PLACI
298		X	X	Observed thermomter broken in small reach in cooler beneath the oven.	
433		X	X	Observed splatters still on the top inside of the microwave.	TODAY
				Observed mop still sitting in mop sink drying. Manager to retrain all staff to hang up mops after use.	RETRAIN STAFF

Summary of Violations C 0 NC 3 R 3

Received by (name and title printed): MONISH KAPUR	Inspected by (name and title printed): Christa Manus EHS	
Received by (signature):	Inspected by (signature): 	
cc:	cc:	cc: